## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my nam that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joi inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on it invention entitled:

Insert Title:	DEVICE FOR FORMI BY USING THE SAM	NG CROOVE PA	TTERN OF LIGHT-GUI	DING PLATE A	ND METHOD FOR FO	RMING GROOV	BPATTER	
Fill in Appropriate	forth above and/or th	re following:	ereto. If not attached her	eto, the applicati	on is identified by the	attorney docket n	muper as a	
Information -	The specification				· <del></del>		85	
For Use Without	United States Application Number							
Specification Attached:	and amended on							
Arachtu:	International Ar	was med on			as PCT			
	amended on	Parametra in the control						
	amended on							
	amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Feder: Regulations, \$1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention. We note that on year prior to this application, that the same was not in public use or on sale in the United States of America more than one yes prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America my legit representative or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for paten or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate havin a filing date before that of the application on which priority is claimed:  Prior Rossion A avalication(s)							
	bereot, or paterited year prior to this applicat date of this applicat date of this applicat representative or see patent or inventors application by me or I hereby claim for inventor's certifica	or described in an polication, that the ion, that the inver- tion in any count igns more than the pertificate on this my legal represen- orcign priority be to listed below an part of the pertification of the listed below an part of the pertification of the pertification of the perti	my printed publication to same was not in public think has not been paten try foreign to the Unit weive months (six month invention has been flat invention has been flat thitives or assigns, excep mefits under Title 35, Ur d have also identified be the months with the profession.	a eny country by use or on sale it ted or unade the ed States of Ar as for designs) y in any country t as follows. dited States Cod- low any foreign	fore my or our invent in the United States of subject of an inventor nerics on an application foreign to the United S a, §119(a)-(d) of any for application for patent of	ion * "eof or m America more ti 's certificate issue on filed by ma and that no ap States of America reign application or inventor's certi	ore than on han one yes the or my leg opplication it prior to the (s) for pater thicket havin	
	Prior Foreign Appl	ication(s)	toti oti witicii primitty is i	TRILLIEU:		Priority C	laimed	
Insert Priority		.,						
Information:	P2002-41555	Korea		July 16. 20		፟፟፟		
(if appropriate)	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No	
	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	□ No	
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	(Alexandra)	(Caustina)		Manh /D	··/Von Biled	☐ Yes	D No	
	(Number)	(Country)		(Month) Da	y/Year Filed)	ies	NO	
	I hereby claim the be	nefit under Title 3	35, United States Code, §	119(e) of any Ur	rited States provisional	applications(s) li	isted below.	
Insert Provisional Application(s): (if any)	(Application Number	r)		(Filing l	Date)			
	(Eding Date)							
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Imaginary's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested	Country		Application Number		Date of Filing (Mont	h/Day/Yeer)		
Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is no disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCI international filing date of this application.							
Insert Prior U.S. Application(s) (if any)	(Application Number	1)	(Filing Date)		(Status - patented, po	ending, abandon	ed)	

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecu this application and/or an international application based on this application and to transact all busine in the United States Patent and Irademark Office connected the rewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP of CUSTOMER NO. 2292

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PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on informatic and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements at the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 15 of the United States Code and it such willful false statements may jeopardize the validity of the application or any patent issued thereon.

all Name of Elec-								
will Name of First or 50 in Brownson agent Name of Lavonitor	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE	DATE*					
Occurred in Signed	Jae Ho HWANG	Jae Ho Hwans						
ABEST Residence	Residence (City, State & Country)							
	Kyongsangbuk-Do, Korea	Korean						
issert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Jinpyeong Jugong APT. 108-204, 77B Jinpyeong-Dong, Kumi-Shi, Kyongsangbuk-Do, Korea							
Pull Poime of Second Levizalor, if any: see shaws	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Third Investor; if say: see show	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address	including City, State & Country)						
Pull Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
Services, 8 acry: see above		EVVENTORS SIGNATURE						
laventus, il any: sau obcum	Residence (City, State & Country)	INVESTIGATIONS OF THE PROPERTY	CITIZENSHIP					
Inventor, if any, sing above								
Enventue, il acy- sine dictue  Full blome el Pijija  Laventor, il zayi sen alcove	Residence (City, State & Country)							
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\*DATE OF SIGNATURE